

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017676

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4342

STATE FILE NUMBER

FILED MAY 2 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
14 Days

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR INSTITUTION Chronic Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1752 Mississippi Av

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First ANNA

Middle

Last Grimm

4. DATE OF DEATH

Month

Day

Year

4-19-1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-9-1901

9. AGE (last birthday)

62 Yrs

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (City and state or country)
Jefferson City Mo

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John Parker

13b. MOTHER'S MAIDEN NAME

Margaret Crowder

14. NAME OF HUSBAND OR WIFE

Widow

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Edna Clements 4220 A2N, 21st St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Fracture Cervical Vertebrae; Pneumonia following fall down steps of home on

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pneumonia following fall down steps of home on or about February 5, 1963.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Accident

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. 2-5-63
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
23 Home

20f. CITY, TOWN, OR LOCATION

St. Louis, Mo

COUNTY

STATE

21. I attended the deceased from

to

and last saw her/him alive on

Death occurred at

120 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

JOS. M. Quinn Dep. Coroner

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

4/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4-22-1963

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks Mo

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Fendler Ind. Co 7420 Michigan Av (11) APR 19 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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76

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. G. Peterson

Licensed Embalmer No.

3767

P. O. Address

7420 Michigan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.